## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).							
I hereby appoint:							
✓ Practi	itioners associated	with the Customer Number:	75671				
OR							
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):							
Name		Vame	Registration Number		lame	Registration Number	
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_			<del></del>	- Agent Comment			
-			<del></del>			†	
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with							
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).							
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:							
F loads change the correspondence accress for the approximation than an account to the contract of the contrac							
The address associated with Customer Number: 75671							
OR							
Firm or Individual Name							
Address							
City			State		Zip		
Country					1 1 1		
			Email		Marie Land Control of the Control of		
Telephone	3			Latingii			
Assignee Name and Address: Prosta Torra NV, LLC							
160 Greentree Drive, Suite 101							
Dover, Delaware 19904							
United States of America							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be							
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,							
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.							
SIGNATURE of Assignee of Record							
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature	1	m			Date 7//5/200	4	
Name Stephen Finley					Telephone		
Title	Authorized Person for Prosta Torra NV, LLC						

This collection of Information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the armount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## DECLARATION REGARDING AUTHORITY TO SIGN ON BEHALF OF A LEGAL ENTITY 37 C.F.R. 3.73(b)(2)(ii)

I, Stephen Finley (whose title is supplied below), hereby declare that I am authorized to	to
sign documents on behalf of Prosta Torra NV, LLC.	

Stephen Fit

Authorized Person for Prosta Torra NV, LLC

Date